

SERVE YOU

Your 2020 Prescription Drug List

Serve You Rx Standard Formulary

Please read:

This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:



Call customer service at
800-759-3203.



Visit **serveyourx.com**

- Locate a participating retail pharmacy by ZIP code
- Perform drug cost comparisons
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives

Effective July 1, 2020

Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note:

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.




How do I use my Prescription Drug List?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	DRUG TIER	INCLUDES	HELPFUL TIPS
	Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-Range Cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: Plans may have different tiers (4, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

PA	Prior Authorization —Your doctor is required to provide additional information to determine coverage.
ST	Step Therapy — Trial of lower cost medication(s) is required before a higher cost medication is covered, based on continually updated, evidenced-based research and widely accepted medical practices.
QL	Quantity Limits — Amount of medication covered per copayment or in a specific time period. For selected medications, may include conversion from twice-daily dosing to one-time-daily dosing.
SP	Specialty Medication — Medication is designated as a specialty pharmacy drug.
E	Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. Authorized Brand Alternatives (ABAs) are excluded.

To learn more about a Serve You Rx Clinical Pharmacy Program, or to find out if it applies to you, please visit serveyourx.com or call customer service at **800-759-3203**.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at serveyourx.com to be sure.

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as: cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please note, not all specialty medications are listed in the PDL.

Serve You DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

An over-the-counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203** for more current information.

When you register at [serveyourx.com](https://www.serveyourx.com), you can use the website's helpful tools and features to:

- Perform drug cost comparisons;
- Learn how to use mail service for home delivery of your medications;
- View your medication history;
- Locate in-plan, out-of-plan, and 24-hour pharmacies near you;
- Refill your prescriptions;
- Search the drug database for generics, brand-names, generic equivalents, and other drug information;
- View quality and safety information about prescription alternatives; and
- View any plan-specific content.



More Information

If you have additional questions, please call customer service at **800-759-3203** or visit [serveyourx.com](https://www.serveyourx.com).

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Acne/Rosacea		
Absorica	3	PA
Absorica LD	3	PA
Claravis	1	
Seysara	3	
Addiction/Substance Abuse		
Bunavail	3	QL
Buprenorphine	1	QL
Buprenorphine/Naloxone	1	QL
Chantix	3	QL
Naltrexone Tab	1	
Narcan	2	
Reset	2	
Reset-O	2	
Suboxone	3	QL, ST
Zubsolv	2	QL
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azasite	3	
Azithromycin	1	
Bethkis	2	SP
Cefdinir	1	
Cefuroxime Tab	1	
Cephalexin	1	
Ciprodex Otic Suspension	2	
Ciprofloxacin Tab	1	
Clarithromycin	1	
Clindamycin Cap	1	
Dificid	3	
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Levofloxacin Tab	1	
Metronidazole Tab	1	
Minocycline Cap	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Neomycin/Polymyxin/HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Nuzyra	3	
Ofloxacin Otic Solution	1	
Otovel	3	
Penicillin VK	1	
Solosec	3	
Sulfamethoxazole-Trimethoprim	1	
TOBI Podhaler	3	QL, SP
Xenleta	3	
Anti-Infectives: Antifungals		
Cresemba	3	
Fluconazole	1	
Kerydin	3	PA
Nystatin Suspension	1	
Terbinafine Tab	1	QL
Anti-Infectives: Antivirals		
Acyclovir Tab	1	
Entecavir	1	QL, SP
Epclusa	2	PA, QL, SP
Harvoni	2	PA, QL, SP
Ledipasvir/Sofosbuvir (Harvoni ABA)	E	SP
Mavyret	2	PA, QL, SP
Oseltamivir	1	QL
Sofosbuvir/Velpatasvir (Epclusa ABA)	E	SP
Tamiflu	3	QL, ST
Valacyclovir	1	QL
Vemlidy	3	SP
Vosevi	2	PA, QL, SP
Xofluz	3	QL

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Blood Disorders		
Adynovate	3	SP
Afstyla	3	SP
Aranesp	2	PA, SP
Eloctate	3	SP
Jivi	3	SP
Mulpleta	2	PA, SP
Neulasta	3	PA, SP
Neulasta Onpro	3	PA, SP
Nivestym	2	PA, SP
Novoeight	3	SP
Nuwiq	3	SP
Retacrit	2	PA, SP
Udenyca	3	PA, SP
Ultomiris	3	PA, SP
Zarxio	2	PA, SP
Cancer		
Anastrozole Tab	1	
Cabometyx	2	PA, SP
Capecitabine	1	SP
Ibrance	3	PA, SP
Idhifa	3	PA, QL, SP
Imatinib Mesylate	1	PA, SP
Imbruvica	3	PA, SP
Kanjinti	2	PA, SP
Letrozole	1	
Lynparza	2	PA, SP
Mvasi	2	PA, SP
Nubeqa	3	PA, SP
Revlimid	2	PA, SP
Rubraca	2	PA, SP
Ruxience	2	PA, SP
Sprycel	2	PA, SP
Tamoxifen Tab	1	
Temozolomide	1	PA, SP
Trazimera	2	PA, SP
Xpovio	3	PA, SP

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Xtandi	3	PA, SP
Zejula	2	PA, SP
Zirabev	2	PA, SP
Cardiovascular/Heart Disease: Anticoagulants		
Bevyxxa	3	QL
Brilinta	2	
Clopidogrel	1	
Eliquis	2	QL
Enoxaparin	1	
Pradaxa	2	QL
Prasugrel	1	
Warfarin	1	
Xarelto	2	QL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Olmesartan/ HCTZ	1	
Amlodipine/Valsartan	1	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Benazepril	1	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	2	
Candesartan	1	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tab	1	
Dilt-XR	1	
Diltiazem ER	1	
Doxazosin	1	
Edarbi	3	ST
Edarbyclor	3	ST
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hydrochlorothiazide	1	
Irbesartan	1	
Irbesartan/HCTZ	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/HCTZ	1	
Losartan	1	
Losartan/HCTZ	1	
Metoprolol Succinate	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine ER	1	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekturna	2	ST
Tekturna HCT	2	ST
Telmisartan	1	
Telmisartan/HCTZ	1	
Torsemide Tab	1	
Triamterene/HCTZ	1	
Valsartan	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	
Ezetimibe	1	
Ezetimibe/Simvastatin	1	
Fenofibrate	1	
Fenofibric Acid	1	
Gemfibrozil	1	
Livalo	3	ST

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lovastatin	1	
Omega-3 Acid	1	
Praluent	2	PA, QL
Pravastatin	1	
Repatha	2	PA, QL
Rosuvastatin	1	
Simvastatin	1	
Vascepa	3	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, QL
Digoxin	1	
Entresto	2	QL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin SL	1	
Ranolazine ER	1	
Sotalol	1	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension		
Adempas	2	PA, QL, SP
Opsumit	2	PA, QL, SP
Orenitram	3	PA, SP
Sildenafil Tab 20 mg	1	PA, QL
Central Nervous System: Alzheimer's/Dementia		
Donepezil	1	
Memantine	1	
Namzaric	2	QL
Central Nervous System: Antipsychotics		
Abilify Maintena	3	
Aripiprazole	1	QL
Aristada	3	
Aristada Initio	3	
Invega Sustenna	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Invega Trinza	3	
Latuda	3	QL
Olanzapine	1	
Perseris	3	
Quetiapine	1	
Rexulti	3	QL
Risperidone	1	
Saphris	2	QL
Vraylar	3	QL, ST
Ziprasidone	1	

Central Nervous System: Attention Deficit Disorder

Adderall XR Cap	3	ST
Amphetamine-Dextroamphetamine	1	
Amphetamine-Dextroamphetamine ER	1	
Atomoxetine	1	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	
Guanfacine ER Tab	1	
Jornay PM	3	ST
Methylphenidate ER	1	
Methylphenidate Tab	1	
Vyvanse	2	

Central Nervous System: Depression

Amitriptyline	1	
Bupropion	1	
Bupropion SR	1	QL
Bupropion XL 150 mg, 300 mg	1	QL
Bupropion XL 450 mg	2	QL
Citalopram	1	
Desvenlafaxine ER	1	QL
Doxepin	1	
Duloxetine	1	QL
Escitalopram Tab	1	
Fluoxetine	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Fluvoxamine	1	
Forfivo XL	3	QL
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Sertraline	1	
Trazodone	1	
Trintellix	3	QL, ST
Venlafaxine	1	
Venlafaxine ER	1	
Viibryd	3	QL

Central Nervous System: Migraine

Aimovig	2	PA, QL
Butalbital-Acetaminophen-Caffeine	1	
Eletriptan	1	QL
Emgality	2	PA, QL
Rizatriptan	1	QL
Sumatriptan Tab	1	QL

Central Nervous System: Multiple Sclerosis

Ampyra	3	PA, QL, SP
Aubagio	3	PA, QL, SP
Avonex	2	PA, QL, SP
Betaseron	2	PA, QL, SP
Copaxone	2	PA, QL, SP
Gilenya⁺	3	PA, QL, SP
Glatiramer	1	PA, QL, SP
Mavenclad⁺	3	PA, SP
Mayzent⁺	3	PA, QL, SP
Rebif	3	PA, QL, SP
Tecfidera	2	PA, QL, SP

*Tier 3 Preferred

Central Nervous System: Other

Alprazolam Tab	1	QL
Armodafinil	1	
Austedo	3	PA, QL, SP
Buspirone	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Diazepam Tab	1	
Gralise	3	PA, QL, ST
Horizant	3	PA, QL
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Modafinil	1	
Sunosi	2	PA, QL
Tegsedi	3	PA, SP
Tiglutik	3	PA, QL, SP
Wakix	3	PA, QL, SP
Xyrem	3	PA, QL, SP

Central Nervous System: Parkinson's Disease

Benzotropine	1	
Carbidopa-Levodopa	1	
Inbrija	3	PA, SP
Pramipexole	1	
Ropinirole	1	
Rytary	3	ST

Central Nervous System: Sedatives/Hypnotics

Eszopiclone Tab	1	QL
Silenor	3	QL
Temazepam	1	
Triazolam Tab	1	QL
Zolpidem	1	QL
Zolpidem ER	1	QL

Central Nervous System: Seizure Disorders

Carbamazepine	1	
Clonazepam	1	QL
Divalproex DR	1	
Divalproex ER	1	
Epidiolex	3	PA, SP
Gabapentin	1	
Lamotrigine	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lamotrigine ER	1	
Levetiracetam	1	
Lyrica Cap	3	QL, ST
Oxcarbazepine	1	
Pregabalin	1	QL
Sympazan	3	PA
Topiramate	1	
Vimpat	3	
Zonisamide	1	

Dermatology

Aczone Gel 5%	3	
Aczone Gel 7.5%	2	
Betamethasone Cream	1	
Bryhali	3	
Ciclopirox Solution	1	
Clindamycin Lotion, Solution, Swab	1	
Clindamycin Phosphate 1% Gel	1	
Clindamycin Phosphate 1% Gel (Clindagel ABA)	3	ST
Clindamycin/Benzoyl Peroxide Gel 1-5%	1	
Clobetasol Cream, Ointment, Solution	1	
Clotrimazole/ Betamethasone Cream	1	
Clotrimazole Cream	1	
Diclofenac Gel 1%	1	QL
Enstilar	3	QL
Epiduo Forte	3	
Eucrisa	2	ST
Fluocinonide Cream	1	
Fluoroplex	3	
Fluorouracil Cream 0.5%	2	
Fluorouracil Cream 5%	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Hydrocortisone Cream/Ointment	1	
Imiquimod Cream	1	
Ketoconazole Cream, Shampoo	1	
Lidocaine/Prilocaine Cream	1	
Metronidazole Cream, Gel	1	
Mirvaso Gel	2	
Mometasone Cream	1	
Mupirocin Cream, Ointment	1	
Nystatin Cream	1	
Onexton	3	
Permethrin Cream	1	
Retin-A Micro 0.06%, 0.08%	2	PA
Sernivo	3	
Soolantra	2	
Taclonex	3	QL
Tacrolimus Ointment	1	
Tretinoin Cream	1	PA
Triamcinolone Cream, Ointment	1	
Xepi	3	
Ximino	3	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek Aviva Connect Kit	2	
Accu-Chek Aviva Plus Kit	2	
Accu-Chek Compact Plus Kit	2	
Accu-Chek Compact Plus Test Strips	2	QL
Accu-Chek FastClix Lancet Device Kit	2	
Accu-Chek Guide Kit	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Accu-Chek Multiclix Lancet Device Kit	2	
Accu-Chek Nano SmartView Kit	2	
Accu-Chek Smartview Test Strips	2	QL
Accu-Chek Softclix Lancet Device Kit	2	
BD Autosshield Duo Pen Needle	2	
BD Ultra-Fine Insulin Syringes	2	
BD Ultra-Fine Pen Needle	2	
Dexcom G4 / G5 / G6 Receiver, Transmitter, Sensor (including Platinum, Platinum Pediatric)	2	
FreeStyle Libre 14 Day Reader, Sensor	2	
FreeStyle Libre Reader, Sensor System	2	
Lancets	2	
Novofine Autocover Pen Needle	2	
Novofine Pen Needle	2	
Novofine Plus Pen Needle	2	
Novotwist Pen Needle	2	
OneTouch Ultra 2 System Kit	2	
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Ultra Mini System Kit	2	
OneTouch Verio Flex System Kit	2	
OneTouch Verio IQ System Kit	2	
OneTouch Verio Sync System Kit	2	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
OneTouch Verio System Kit	2	
OneTouch Verio Test Strips	2	QL
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
Diabetes/Endocrine: Insulin		
Humalog	2	
Humalog KwikPen	2	
Humalog Mix 50/50 Vials and KwikPen	2	
Humalog Mix 75/25 Vials and KwikPen	2	
Humalog U-100 Junior KwikPen	2	
Humulin 70/30 Vials and KwikPen	2	
Humulin N Vials and KwikPen	2	
Humulin R U-500 Vials and KwikPen	2	
Humulin R Vials	2	
Insulin Aspart (Novolog ABA)	E	
Insulin Aspart Flexpen (Novolog FlexPen ABA)	E	
Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)	E	
Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)	E	
Insulin Aspart Penfill (Novolog Penfill ABA)	E	
Insulin Lispro (Humalog ABA)	E	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA)	E	
Insulin Lispro KwikPen (Humalog KwikPen ABA)	E	
Insulin Lispro Mix 75/35 KwikPen (Humalog Mix 75/25 KwikPen ABA)	E	
Lantus Solostar	2	
Lantus Vials	2	
Levemir FlexTouch	2	
Levemir Vials	2	
Novolin 70/30 Vials and Flexpen	2	
Novolin N Flexpen and Flexpen Relion	2	
Novolin N Vials	2	
Novolin R Flexpen and Flexpen Relion	2	
Novolin R Vials	2	
Novolog Flexpen	2	
Novolog Mix 70/30 Vials and Flexpen	2	
Novolog Penfill	2	
Novolog Vials	2	
Soliqua	2	QL, ST
Toujeo Max SoloStar	2	
Toujeo SoloStar	2	
Tresiba	2	
Tresiba FlexTouch	2	
Diabetes/Endocrine: Non-Insulin		
Baqsimi	2	
Bydureon	2	QL, ST
Bydureon Bcise	2	QL, ST
Byetta	2	QL, ST
Farxiga	2	ST
Glimepiride	1	
Glipizide	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Glipizide ER	1	
Glucagon Emergency Kit (Fresenius manufacturer)	2	
Glucagon Emergency Kit (Lilly manufacturer)	2	
Glyburide	1	
Glyxambi	2	ST
Gvoke PFS	2	
Invokana	3	ST
Janumet	2	ST
Janumet XR	2	ST
Januvia	2	ST
Jardiance	2	ST
Jentaduetto	2	ST
Jentaduetto XR	2	ST
Metformin	1	
Metformin ER	1	
Metformin ER Modified Release (generic Glumetza)	1	PA
Metformin ER Osmotic (generic Fortamet)	1	
Ozempic	2	QL, ST
Pioglitazone	1	
Rybelsus	2	QL, ST
SymlinPen 60	3	
Synjardy	2	ST
Synjardy XR	2	ST
Tradjenta	2	ST
Trulicity	2	QL, ST
Victoza	2	QL, ST
Xigduo XR	2	ST
Endocrine: Growth Hormone		
Norditropin	2	PA, SP
Nutropin AQ	2	PA, SP
Endocrine: Other		
Cabergoline	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Calcitriol Cap	1	
Dexamethasone Tab	1	
H.P. Acthar	2	PA, SP
Hydrocortisone Tab	1	
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	2	PA, SP
Methylprednisolone Tab	1	
Osphena	3	
Prednisone	1	
Prednisolone Solution	1	
TaperDex 6-Day	3	
TaperDex 7-Day	3	
TaperDex 12-Day	3	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	ST
Euthyrox	1	
Levothyroxine	1	
Liothyronine	1	
Methimazole	1	
Nature-Thyroid	3	ST
NP Thyroid 60 mg	1	
Synthroid	3	ST
Tirosint	3	
Eye Conditions: Allergies		
Olopatadine Ophthalmic	1	
Pazeo	2	
Eye Conditions: Antibiotics		
Besivance	3	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Gentamicin Ophthalmic	1	
Moxeza	2	
Moxifloxacin Ophthalmic	1	
Neomcin/Polymyxin/	1	

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Dexamethasone Ophthalmic		
Ofloxacin Ophthalmic	1	
Polymyxin B/ Trimethoprim Ophthalmic	1	
Tobramycin/ Dexamethasone Ophthalmic	1	

Eye Conditions: Glaucoma

Alphagan P	2	
Azopt	2	
Betimol	3	
Brimonidine Ophthalmic	1	
Combigan	2	
Dorzolamide/Timolol	1	
Latanoprost	1	QL
Lumigan	2	QL
Rhopressa	2	
Rocklatan	2	
Simbrinza	2	
Timolol Ophthalmic	1	
Travatan Z	3	QL
Zioptan	3	QL

Eye Conditions: Other

Inveltys	3	
Ketorolac Ophthalmic	1	
Lotemax Gel, Ointment	3	
Lotemax SM	3	
Prednisolone Ophthalmic	1	
Prolensa	2	QL
Restasis	2	PA
Restasis Multidose	2	PA
Xiidra	2	PA

Gastrointestinal: Acid Suppression

Dexilant	2	QL
Esomeprazole Magnesium (Rx only)	1	QL

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Famotidine Tab 20 mg, 40 mg (Rx only)	1	
Lansoprazole (Rx only)	1	QL
Misoprostol	1	
Omeprazole (Rx only)	1	QL
Pantoprazole	1	QL
Rabeprazole	1	QL
Ranitidine Tab, Cap, Syrup (Rx only)	1	
Sucralfate Tab	1	

Gastrointestinal: Inflammatory Bowel Disease

Apriso	2	
Dipentum	3	
Lialda	3	
Mesalamine	1	
Pentasa	3	
Proctofoam-HC	2	
Sulfasalazine	1	
Uceris Rectal	3	

Gastrointestinal: Nausea/Vomiting

Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab 4 mg, 8 mg	1	
Prochlorperazine	1	
Scopolamine	1	
Varubi	3	QL

Gastrointestinal: Other

Clenpiq	3	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-G	1	
Glycopyrrolate Tab 1 mg, 2 mg	1	
Glycopyrrolate Tab 1.5 mg	3	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Lactulose	1	
Linzess	2	QL, ST
Motegrity	3	QL, ST
Movantik	2	QL, ST
Omeclamox-Pak	2	
PEG 3350	1	
Plenvu	3	
Prepopik	3	
Pylera	2	
Suprep Bowel Prep	3	
Symproic	2	QL, ST
Trulance	3	QL, ST
Viberzi	3	PA, QL
Zelnorm	3	PA, QL
Zenpep	2	
Gout		
Allopurinol	1	
Colchicine Tab (Mylan manufacturer)	1	
Colchicine Tab (Par manufacturer)	3	ST
Colchicine Tab (Prasco manufacturer)	3	ST
Colcrys	2	
HIV/AIDS		
Biktarvy	3	
Cimduo	2	
Descovy	3	
Dovato	2	
Genvoya	3	
Juluca	2	
Odefsey	3	
Prezcobix	2	
Symfi	2	
Symfi Lo	2	
Tivicay	2	
Triumeq	2	
Truvada	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Infertility		
Follistim AQ	2	SP
Ganirelix	1	SP
Gonal-F	3	SP
Menopur	3	SP
Ovidrel	3	SP
Inflammatory Conditions		
Actemra⁺	3	PA, SP
Cimzia	2	PA, SP
Cosentyx	3	PA, SP
Enbrel	3	PA, SP
Humira	2	PA, SP
Hydroxychloroquine	1	
Inflectra	2	PA, SP
Leflunomide	1	
Methotrexate	1	
Orencia⁺	3	PA, SP
Otezla	2	PA, SP
Rasuvo	2	PA, QL
Renflexis	2	PA, SP
Rinvoq	2	PA, SP
Simponi	2	PA, SP
Skyrizi	2	PA, SP
Stelara	2	PA, SP
Taltz⁺	3	PA, SP
Tremfya	2	PA, SP
Xeljanz	2	PA, SP
Xeljanz XR	2	PA, SP
*Tier 3 Preferred		
Men's Health: Erectile Dysfunction		
Sildenafil 25 mg, 50 mg, 100 mg	1	QL
Stendra	3	QL
Tadalafil	1	QL
Men's Health: Prostate		
Alfuzosin ER	1	
Dutasteride	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Finasteride 5 mg	1	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA
Testosterone Cypionate IM Injection	1	PA
Testosterone Gel 1%, 1.62%, 2%	1	PA
Xyosted	3	PA
Miscellaneous		
Addyi	3	PA, QL
Arakoda	3	
Auryxia	3	
Benzonatate	1	
Botox (non-cosmetic)	2	PA, SP
Cerdelga	3	PA, SP
Chlorhexidine	1	
Depen	2	SP
Dupixent	2	PA, QL, SP
Emverm	2	
Epinephrine Auto-Injector	1	
Epipen	3	ST
Epipen Jr	3	ST
Fasenra	2	PA, SP
Firazyr	3	PA, SP
Haegarda	3	PA, SP
Hemangeol	3	
Lidocaine Viscous	1	
Makena	2	PA, SP
Nityr	3	PA, SP
Nocdurna	3	
Nucala	2	PA, QL, SP
Orilissa	2	PA, QL
Phenazopyridine (Rx only)	1	
Promethazine	1	
Promethazine DM	1	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Promethazine/Codeine	1	QL
Pseudoephedrine/ Brompheniramine/DM	1	
Pulmozyme	2	PA, SP
Qbrexza	3	QL
Royaldee	3	
Ruconest	3	PA, SP
Strensiq	2	PA, SP
Symjepi	3	
Takhzyro	3	PA, SP
Velphoro	3	
Vyleesi	3	PA, QL
Musculoskeletal: Osteoarthritis		
Durolane	2	PA, SP
Euflexxa	2	PA, SP
Gelsyn-3	2	PA, SP
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	QL
Binosto	3	QL
Forteo	2	PA, SP
Ibandronate	1	QL
Prolia	2	PA, QL, SP
Raloxifene	1	
Tymlos	2	PA, SP
Musculoskeletal: Other		
Baclofen Tab	1	
Carisoprodol	1	
Cyclobenzaprine Tab	1	
Lorzone	3	
Metaxalone	1	
Methocarbamol	1	
Tizanidine Tab	1	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	QL
Acetaminophen w/ Codeine #2, #3, #4	1	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Acetaminophen/Caffeine/Dihydrocodeine	1	QL
Belbuca	2	PA, QL
Celecoxib	1	QL
Diclofenac Tab	1	
Etodolac	1	
Fentanyl Patch	1	PA, QL
Hydrocodone/APAP	1	QL
Hydromorphone Tab	1	QL
Hysingla ER	2	PA, QL
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	QL
Lidocaine Ointment	1	
Lidocaine Patch 5%	1	
Meloxicam	1	
Morphine Sulfate ER	1	PA, QL
Nabumetone	1	
Naprelan	3	
Naproxen (Rx only)	1	
Nucynta	3	QL
Oxycodone w/ Acetaminophen	1	QL
Oxycodone Tab	1	QL
Oxycontin	2	PA, QL
Qmiiz ODT	3	
Tramadol	1	QL
Trezix	3	QL
Overactive Bladder		
Myrbetriq	2	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	
Toviaz	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Albuterol HFA (Perrigo manufacturer)	1	QL
Albuterol HFA (ProAir HFA ABA)	1	QL
Albuterol HFA (Proventil HFA ABA)	1	QL
Albuterol HFA (Ventolin HFA ABA)	E	
Albuterol Nebulizer Solution	1	QL
Alvesco	3	QL, ST
Anoro Ellipta	2	QL
Arnuity Ellipta	2	QL
Atrovent HFA	3	QL
Breo Ellipta	2	QL
Budesonide Inhalation Suspension	1	QL
Budesonide/Formoterol (Symbicort ABA)	E	
Combivent Respimat	2	QL
Flovent Diskus	2	QL
Flovent HFA	2	QL
Fluticasone/Salmeterol	1	QL
Incruse Ellipta	2	QL
Ipratropium/Albuterol	1	QL
Lonhala Magnair	3	QL
Montelukast	1	
Perforomist	3	QL
Proair HFA	2	QL
Proair RespiClick	2	QL
Proventil HFA	3	QL
Pulmicort Flexhaler	2	QL
Qvar Redihaler	2	QL
Serevent Diskus	2	QL
Spiriva Handihaler	2	QL
Spiriva Respimat	2	QL

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Stiolto Respimat	2	QL
Symbicort	2	QL
Trelegy Ellipta	2	QL
Ventolin HFA	2	QL
Wixela Inhub	1	QL
Xolair	2	PA, SP

Respiratory: Nasal Allergies

Azelastine Spray	1	QL
Dymista Spray	2	QL
Fluticasone Spray	1	
Ipratropium Spray	1	
Mometasone Spray	1	QL
Omnaris	3	QL
QNasi	3	QL
Zetonna	3	QL

Respiratory: Oral Allergies

Cetirizine Solution	1	
Cyproheptadine Tab	1	
Desloratadine	1	
Levocetirizine	1	

Transplant

Azathioprine Tab	1	
Cyclosporine Modified Cap	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Prograf	3	
Sirolimus	1	
Tacrolimus Cap	1	

Vitamins/Electrolytes

Cyanocobalamine Injection	1	
Folic Acid 0.8 mg, 1 mg (Rx only)	1	
Lokelma	3	
Multivitamin/Fluoride Chewable Tab	1	
Nascobal	3	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Sodium Fluoride Chewable Tab	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	

Weight Loss Management

Contrave	2	PA
Phentermine	1	PA
Saxenda	3	PA

Women's Health: Birth Control

Apri	1	
Aviane	1	
Blisovi Fe	1	
Cryselle-28	1	
Drospirenone/Ethinyl Estradiol	1	
Enskyce	1	
Errin	1	
Estarylla	1	
Femynor	1	
Gianvi	1	
Isibloom	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Kurvelo	1	
Larin Fe 1/20	1	
Larissia	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol	1	
Lo Loestrin Fe	3	
Low-Ogestrel	1	

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DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Medroxyprogesterone Acetate Injection	1	QL
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Nikki	1	
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol	1	
Nortrel	1	
Nuvaring	3	
Sprintec 28	1	
Syeda	1	
Taytulla	3	
Tri Femynor	1	
Tri-Linyah	1	
Tri-Lo-Marzia	1	
Tri-Lo-Sprintec	1	
Tri-Sprintec	1	
Viorele	1	
Xulane	1	

Women's Health: Hormone Replacement

Bijuva	3	
Climara Pro	2	
Divigel	3	
Duavee	2	
Elestrin Gel	3	
Endometrin	2	
Estradiol Cream, Patch, Tab	1	
Evamist	3	
Imvexxy	3	
Intrarosa	3	
Medroxyprogesterone Acetate Tab	1	
Minivelle	3	
Premarin Tab	2	

DRUG NAME	DRUG TIER	PROGRAMS AND LIMITS
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap	1	
Women's Health: Vaginal Anti-Infectives		
Clindesse	3	
Gynazole-1 Vaginal Cream	3	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

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Bold type = Brand name drug [Plain type = Generic drug]

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Bold type = Brand name drug [Plain type = Generic drug]

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E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
<i>Example: Lisinopril, 20 mg</i>	<i>Tier 1</i>	<i>High blood pressure</i>	<i>One tablet daily</i>	<i>Dr. Johnson</i>

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